

# Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

FAX #: (608) 261-7083  
Phone #: (608) 266-2112

1400 E. Washington Avenue  
Madison, WI 53703

E-Mail: [web@dsps.wi.gov](mailto:web@dsps.wi.gov)  
Website: <http://dsps.wi.gov>

## DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES

### INFORMATION FOR COMPLETING THE TEMPORARY SPOUSAL RECIPROCAL LICENSE APPLICATION

Application (Form #2982) applies to individuals with a current unrestricted license in another state or governmental authority, and is a spouse of a service member in U.S. armed forces, a reserve unit of the U.S. armed forces, or the national guard of any state who temporarily resides in Wisconsin as a result of that service.

The temporary license will expire within 180 days from the date of issuance. The department or credentialing board may grant an extension beyond the initial expiration date.

### **APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:**

- Application (Form #2982)

**Social Security/FEIN Number.** Your social security number (or employer identification number if you are applying as a business entity) must be submitted on application form #2982. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.<sup>1</sup> A form for submitting a statement that you do not have a social security number is available from the department. The Department may not disclose the social security number collected except as authorized by law.

- Fee attached to Application (Form #2982)
- Authorization for Release of FBI Information (Form #2687) **Fingerprinting is only required for private detectives, private security guards, juvenile martial arts instructors and wholesale distributor of prescription drugs.** This form must be signed by the applicant and a witness and returned with the Application (Form #2982).

**Fingerprint Processing:** Visit the MorphoTrust website located at [www.ibtfingerprint.com](http://www.ibtfingerprint.com) click on "Wisconsin" and select "Online Scheduling" or contact the MorphoTrust USA at 1-866-416-4896 to schedule an appointment. Please allow up to 5 days for an appointment to have your fingerprints taken. The cost for the digital fingerprints will be \$48.50 and is expected at the time of the reservation in the form of major credit/debit card, electronic check or prepaid voucher. **You must submit your application to the department within 14 days of being fingerprinted.**

Two forms of signature identification are required: one must be government issued identification with a photograph. Qualifying government issued identification includes state driver's license, state identification card, military photo ID, passport, valid school ID for minors only. NOTE: Your reservation must be made in your legal name and your identification must match the reservation. If you do not present the appropriate identification, your fingerprints will not be taken and you will be held responsible for the fee. The staff at the MorphoTrust facilities is not permitted to make any exceptions.

**Attention out-of-state applicants:** If you currently reside out of the state of Wisconsin and are unable to have digital fingerprints taken at a MorphoTrust test center site, you may submit your fingerprints using the Wisconsin Easy Path Network (Fingerprint Scan Authorization Form #2823). You will be required to have your fingerprints taken at a local law enforcement facility. You must submit Form #2823, two fingerprint cards, and \$48.50 to the address listed on Form #2823. **You must submit your application to the department within 14 days of being fingerprinted.**

**Criminal History Checks Notice:** Provisions set forth in Title 28, Code of Federal Regulations (CFR) Section 16.34, require us to notify you that your fingerprints may be used to check the criminal history records with the FBI. Identification records obtained from the FBI may be used solely for the purpose requested and may not be disseminated outside the receiving department, related agency or other authorized entity.